



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
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October 15, 2003

**To:** State Board of Health Members  
**From:** Don Sloma, Executive Director  
**Re:** **MODIFICATIONS TO OUR 2003-2005 WORK PLAN**

**SUMMARY**

As the Board approved the attached work plan to guide its activities over the coming biennium, it directed staff to work with interested Board members to explore several additional items. This memo reports on those explorations and seeks approval to incorporate some additional activities into the Board's work plan, as time allows.

First, the Board asked that in addition to our current efforts to "get the word out" about our activities (enumerated in the body of this memo), we do more to increase visibility of the Board's work, particularly among local elected officials. Ms. Edmonds has agreed to author a regular column on activities of the state Board of Health in the "Courthouse Journal", a periodical publication of the Washington Association of Counties. Mr. Crump has agreed to facilitate its circulation among local elected officials.

Second, several Board members suggested that we make a clear statement of the Board's support and intention to use the principles of regulatory reform as it considers changes to many of its rules in the coming year. Specifically, the Board intends that wherever possible, rule change processes be no longer or more complex than necessary, and that proposed rule changes simplify, specify and clarify issues, always making certain that burdens on citizens, public agencies and private businesses are only those whose costs can be clearly justified in public health terms.

Third, the Board asked that we initiate more formal assessments of Board activities, albeit within our limited resources. This memo recommends four initiatives. Two are already underway. One can be initiated by Board action today, and a fourth is still under development. The first will assess the work of our health workforce diversity project by surveying key stakeholders. The second will focus on our now developing effort to convene community forums on school physical activity and nutrition. The third is a recommendation from Mr. Osaki that the Board specify the intended results of any policy or rule change it adopts, set the expected timeframe for those results to occur, and require the proponents of the change to report information back that the Board specifies on the impact of the change. The fourth is an option Chair Lake and staff are exploring for future Board consideration. It would involve working with the Centers for Disease Control and the National Association of Local Boards of Health to conduct a more comprehensive assessment of Board operations. The intent is to work with these groups to garner most of the resources and expertise needed to complete an independent and more comprehensive review of our operations. No action is

anticipated on this option until a detailed plan and budget is developed for the Board's consideration.

Finally, at its July meeting, the Board authorized a limited effort toward improving care at the end of life. Subsequent discussions with Ms. Edmonds, the primary proponent of this addition to our work plan, resulted in her suggesting a change in this project's focus to issues of healthy aging. Staff can work with Ms. Edmonds and her staff to develop a possible joint meeting between the state Board and the King County Board on this subject for some time next year. We have already explored this and found interest in it at DOH and among the Washington Association of Area Agencies on Aging. In addition, at Ms. Edmonds suggestion, staff proposes to pursue healthy aging and elder friendly communities as possible foci for regional technical assistance sessions for local boards of health.

### **RECOMMENDED BOARD ACTION:**

*The Board approves of the following additions to its 2003-2005 work plan:*

- 1) Board member Edmonds should pursue regular publication of news about the Board's activities in the "Courthouse Journal,"*
- 2) Board sponsors should communicate to those groups now advising on rule changes for the Board's consideration that rule revision processes should be no longer or more complex than is required for the efficient consideration of relevant information and points of view. The Board intends that proposals now being developed for its consideration adhere to the principles of regulatory reform, especially simplicity, clarity, specificity and justification of burdens on businesses, citizens and government in public health terms.*
- 3) The assessment of the Board's activities on promoting health workforce diversity and improved school physical activity and nutrition policies and practices should occur as part of those projects,*
- 4) When a rule change is proposed, its Board sponsor should work with staff to specify the intended impact, the timeframe within which that impact is anticipated and the information the Board should require of proponents to help the Board assess its effectiveness,*
- 5) As time is available, a specific proposal should be developed for the Board's consideration on collaborating with CDC and NALBOH on an assessment of Board operations, and*
- 6) A possible joint meeting with the King County Board of Health and a possible local board of health technical assistance opportunity on promoting healthy aging and elderly friendly communities should be developed.*

### **BACKGROUND AND DISCUSSION**

The Board approved the attached 2003-2005 work plan at its July meeting in Colville. Notwithstanding the concern of some Board members about the ambitiousness of the work plan, the Board asked that staff work with members to suggest several limited additions, noted in the Board's meeting minutes. These included:

- 1) Additional activity toward "getting the word out" about the Board's work,

- 2) The statement of the Board's interest in pursuing the principles of regulatory reform as it considers rule changes,
- 3) The development of plans to evaluate Board activities, and
- 4) The development of a limited project, as our schedule and staffing resources might allow, on end of life care issues.

Board members and staff have discussed these items. We found and propose the following:

### ***Getting the Word Out***

At present, the Board maintains an agenda mailing list in excess of 200. In addition, each priority project maintains a mailing list of several dozen to some 100 interested persons. These lists include state and local public health officials, health professional organizations, citizens and any other party who expresses interest in Board activities. We regularly provide those attending our hearings and those visiting our website with the opportunity to sign up to receive agendas or notices of activities in one of our priority areas.

Our Web site receives ever-increasing attention, seeing some 31,000 hits in May and 34,464 hits during the month of August. During August, some 3,139 individuals visited our site; 438 of these visited more than once. Apart from our homepage, our ten most frequently viewed pages were viewed from 264 to 150 times each during that month. Our second ten most frequently viewed pages were viewed from 149 to 91 times each. These pages include our full range of meeting agendas, priority projects, publications, FYI, meeting materials and more. Each of these pages was viewed for an average of 3 to 10 minutes.

Our staff's regular assignments include liaison relationships with the major public health professional forums convened by the Washington Association of Local Public Health Officials, the Public Health Improvement Partnership Work Groups and some two dozen other governmental and private committees, task forces, and work groups. These are listed under specific staff assignments in our Summary of Current Staff Assignments in Attachment 1.

Press releases are prepared and distributed for each of our meetings to all the state's major media outlets. On particular issues, we frequently make targeted calls to local media and to content specialists in major print and electronic media outlets. Some of our meetings, for example our July meeting in Colville, are broadcast on TVW. Some print and radio coverage of our meetings is not uncommon.

All official action by the state Board to modify rules is published in the State Register, as required by law.

Each winter, Board staff monitor proposed legislation affecting the Board's interests and policy priorities. Following procedures established by the Board, staff develops policy statements on relevant bills and transmits them to legislative policy committees as they consider these proposals. Often this involves providing public testimony.

Despite these efforts, it's clear that many remain unaware of the Board and its work, and several Board members remain interested in having greater visibility of our efforts, particularly among local

elected officials. Board member Edmonds suggested that Board staff draft brief articles about the Board's work she might publish as the Board's official liaison to the Washington Association of Counties in "Courthouse Journal", a bi-weekly publication of that association targeted at county commissioners. Board member Crump offered to facilitate visibility of these articles among local elected officials in his area.

We remain open to other strategies for increasing the Board's visibility among elected officials and others.

### ***Regulatory Improvement Principles***

As the Board reviewed the volume and expected complexity of regulatory change proposals it will consider in the coming biennium, several Board members expressed concern that we may be spending an inordinate amount of time in unnecessarily long and complex processes developing rules that may themselves be unnecessarily complex or burdensome. Several suggested that to minimize this, the Board make a clear statement of support and intention to use the principles of regulatory reform in developing and considering rule changes in the coming years. Specifically, Dr. Locke proposed that the Board intends that wherever possible, rule change processes and rule change proposals simplify, specify and clarify issues, always making certain that burdens on citizens, public agencies and private businesses are only those whose costs can be justified in public health terms. He further suggested that the Board might communicate this to those bodies now preparing various regulatory proposals. Staff was asked to prepare a statement to this effect to be considered for inclusion in the Board's final work plan.

### ***Options for Evaluating Board Activities***

Board members Osaki, Ybarra and others expressed interest in some effort, within available resources, to evaluate the Board's activities, both past and present.

So far, three possible strategies have been identified.

The first strategy is already underway and focuses on a limited, retrospective assessment of one of the Board's more ambitious and long term policy development projects: Promoting health workforce diversity as a means of reducing health disparities. Board staff Marianne Seifert is collaborating with the leadership of the Health Workforce Diversity Network to survey participants' views of the efficacy of various elements of the Board's work on in that area. A report will be made to the Board in mid 2004.

The second strategy involves a prospective assessment of one of the Board's more ambitious policy development projects for the coming biennium: Collaborating to convene community forums to promote improvements in school nutrition and physical activity policies and practices. Under the Board's Children's Committee's direction, Board staff will refine that project's objectives for measurement, search for simple and available baseline measurement, and if possible, conduct a simple baseline assessment.

Following the project's completion a summary assessment will be conducted with a report to the Board.

The third strategy, proposed by Mr. Osaki, asks that the Board revisit policy or rule changes to determine their impact. It would involve the Board stating the intended purpose of a policy or rule change at the time it is adopted, the date after which it would be reasonable to assess its impact, and a mechanism by which the Board might receive information regarding that impact. Under this proposal, requesters of the policy or rule change would be informed that providing information on the change's impact is a requirement.

The fourth and least developed potential evaluative strategy at this time is to seek resources from the Centers for Disease Control in collaboration with the National Association of Local Boards of Health (NALBOH) for an assessment of a larger share of our Board's operations. Through our survey work on the operations and standards under which other state Boards of Health operate, we have learned of interest these organizations have in conducting such assessments as a means of refining proposals for nationwide guidelines for state boards of health. Harvey Wallace, a former NALBOH Member who conducted such an assessment with the Oklahoma State Board of Health, and Jay McNeal, NALBOH staff will be introduced to the Board today and will comment briefly on this possibility.

### ***Healthy Aging In Lieu of End of Life Care***

At our July meeting, Board member Edmonds suggested the Board take up issues related to improving care at the end of life. Board members Crump and Selecky expressed concern about the scope and sensitivity of that subject and asked to participate in any potential project's development. The Board asked that we bring back a plan for some limited activity in this area, given that our resources are already largely committed to other projects.

During subsequent discussions, Ms. Edmonds proposed changing the focus of this activity to "Healthy Aging". This term refers to the established body of evidence and practice focused in part on improving the habits and environments of middle aged persons and young seniors (ages 45 to 65) as a means of reducing their risk of developing chronic health conditions as they age. She asked that staff begin exploring the possibility of partnering with the state Department of Health, the state Area Agencies on Aging and other relevant groups toward a possible joint hearing with the King County Board of Health. In addition, she suggested we explore incorporating some of the concepts of healthy aging and elder friendly communities into the regional technical assistance activities now being developed by Board staff in collaboration with the WSALPHO staff and the Washington Association of Counties.

Attachments